FOR OHF USE

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2002
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2002)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0007435

Facility Name: CENTRAL BAPTIST HOME

Address: 4747 N. CANFIELD AVE (Number) NORRIDGE (City) 60706 (Zip Code)

County: COOK

Telephone Number: (708) 452-3711 **Fax #** (708) 452-3840

IDPA ID Number: 361952520002

Date of Initial License for Current Owners: 11/01/78

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name:: Steve Lavenda **Telephone Number:** (847) 236 - 1111

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/02 to 12/31/02 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider
(Signed) _____ (Date)
(Type or Print Name) _____
(Title) _____

Paid Preparer
(Signed) See Accountants' Compilation Report Attached (Date)
(Print Name and Title) EDWARD N. SLACK, C.P.A.
(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.
111 Pfingsten Road, Suite 300 Deerfield, IL 60015
(Telephone) (847) 236-1111 Fax # (847) 236-1155

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds 11/6/02

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1	124	Skilled (SNF)	124	45,260	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5	29	Sheltered Care (SC)	30	10,585	5
6		ICF/DD 16 or Less			6
7	153	TOTALS	154	55,845	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF	3,489	6,122	1,402	11,013	8
9	SNF/PED					9
10	ICF	12,687	16,514		29,201	10
11	ICF/DD					11
12	SC		780		780	12
13	DD 16 OR LESS					13
14	TOTALS	16,176	23,416	1,402	40,994	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 73.41%

D. How many bed-hold days during this year were paid by Public Aid?
NONE (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
MEALS ON WHEELS

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 11/1/1978

J. Was the facility purchased or leased after January 1, 1978?
YES [X] Date 11/19/1978 NO [ ]

K. Was the facility certified for Medicare during the reporting year?
YES [X] NO [ ] If YES, enter number of beds certified 11 and days of care provided 1,402

Medicare Intermediary ADMINASTAR FEDERAL, INC.

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: 12/31/02 Fiscal Year: 12/31/02

* All facilities other than governmental must report on the accrual basis.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	620,516	57,167	27,556	705,239		705,239	(170,827)	534,412			1
2	Food Purchase		392,228		392,228		392,228	(161,989)	230,239			2
3	Housekeeping	228,786	62,005	100,051	390,842		390,842	(162,312)	228,530			3
4	Laundry	72,038	18,943	30,116	121,097		121,097	(53,925)	67,172			4
5	Heat and Other Utilities			285,246	285,246		285,246	(118,459)	166,787			5
6	Maintenance	187,605	46,210	354,878	588,693		588,693	(268,169)	320,524			6
7	Other (specify):*											7
8	**TOTAL General Services**	1,108,945	576,553	797,847	2,483,345		2,483,345	(935,681)	1,547,664			8
	B. Health Care and Programs											
9	Medical Director			26,400	26,400		26,400		26,400			9
10	Nursing and Medical Records	1,831,785	92,378	1,104	1,925,267		1,925,267		1,925,267			10
10a	Therapy	53,436		425	53,861		53,861		53,861			10a
11	Activities	260,769	36,052	756	297,577		297,577	(133,003)	164,574			11
12	Social Services	155,003	9,324	2,234	166,561		166,561	(74,171)	92,390			12
13	Nurse Aide Training											13
14	Program Transportation											14
15	Other (specify):*											15
16	**TOTAL Health Care and Programs**	2,300,993	137,754	30,919	2,469,666		2,469,666	(207,174)	2,262,492			16
	C. General Administration											
17	Administrative	162,725			162,725		162,725		162,725			17
18	Directors Fees											18
19	Professional Services			89,837	89,837		89,837	(40,005)	49,832			19
20	Dues, Fees, Subscriptions & Promotions			69,172	69,172		69,172	(71,248)	(2,076)			20
21	Clerical & General Office Expenses	348,484	18,506	167,498	534,488		534,488	(299,816)	234,672			21
22	Employee Benefits & Payroll Taxes			1,055,574	1,055,574		1,055,574	(157,096)	898,478			22
23	Inservice Training & Education											23
24	Travel and Seminar			4,139	4,139		4,139	(488)	3,651			24
25	Other Admin. Staff Transportation			1,331	1,331		1,331		1,331			25
26	Insurance-Prop.Liab.Malpractice			140,737	140,737		140,737	(92,803)	47,934			26
27	Other (specify):*											27
28	**TOTAL General Administration**	511,209	18,506	1,528,288	2,058,003		2,058,003	(661,456)	1,396,547			28
29	**TOTAL Operating Expense (sum of lines 8, 16 & 28)**	3,921,147	732,813	2,357,054	7,011,014		7,011,014	(1,804,311)	5,206,703			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

SEE ACCOUNTANTS' COMPILATION REPORT

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number CENTRAL BAPTIST HOME #0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4	5	6	7	8	9	10	
	D. Ownership											
30	Depreciation			807,297	807,297		807,297	(288,069)	519,229			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			871,119	871,119		871,119	(435,560)	435,559			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles			2,291	2,291		2,291		2,291			35
36	Other (specify):*			210,364	210,364		210,364		210,364			36
37	**TOTAL Ownership**			1,891,071	1,891,071		1,891,071	(723,629)	1,167,443			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		35,493	100,020	135,513		135,513		135,513			39
40	Barber and Beauty Shops		1,121		1,121		1,121	(1,121)				40
41	Coffee and Gift Shops			47,956	47,956		47,956	(44,311)	3,645			41
42	Provider Participation Fee			67,890	67,890		67,890		67,890			42
43	Other (specify):*	246,473	15,103	196,782	458,358		458,358	(458,358)				43
44	**TOTAL Special Cost Centers**	246,473	51,717	412,648	710,838		710,838	(503,790)	207,048			44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	4,167,620	784,530	4,660,773	9,612,923		9,612,923	(3,031,730)	6,581,193			45

***Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer-ence	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	(34,708)	30		9
10	Interest and Other Investment Income				10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax		02		13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(46,913)	21		24
25	Fund Raising, Advertising and Promotional	(55,480)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule	(2,894,630)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (3,031,730)		$	30

OHF USE ONLY								
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (3,031,730)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.			$		38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

SEE ACCOUNTANTS' COMPILATION REPORT

STATE OF ILLINOIS
CENTRAL BAPTIST HOME

ID# 0007435
Report Period Beginning: 01/01/02
Ending: 12/31/02

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Fee Expense A. Genius Fund	$ (15,995)	43	1
2	Fee Expense R. Genius Trust	(29,216)	43	2
3	Fees Expense A. Frahm Trust	(48,308)	43	3
4	Public RelationsDietary	(1,965)	43	4
5	Holiday Bizarre Income	(490)	11	5
6	Photography Expense	(91)	43	6
7	Endowment and Assistance Fund Use	(375)	20	7
8	Newsletter	(8,270)	43	8
9	Development Expenses	(533)	43	9
10	Bank Charges Financial Services	(5,950)	21	10
11				11
12	Investment Expenses	(25,092)	21	12
13	Non-Care Asset Depreciation	(248,864)	30	13
14	Chapel Fund Receipts	(5,042)	21	14
15	Gift Shop Sales (amount of expense)	(1,207)	41	15
16	Ice Cream Shop Sales	(43,104)	41	16
17	Telephone Revenue	(27,897)	21	17
18	Beauth/Barber Shop Sales (amt of exp)	(1,121)	40	18
19	Advertising Marketing	(21,324)	43	19
20	Meals/Refreshmentsd Marketing	(485)	43	20
21	Education/Seminars Marketing	(395)	43	21
22	Recruiting Marketing	(635)	43	22
23	Office Supplies Marketing	(4,306)	43	23
24	Postage Expense Marketing	(2,705)	43	24
25	Printing Expensed Marketing	(8,092)	43	25
26	Wages/Salaries Independent Living Services	(138,261)	43	26
27	ETO Independent Living Services	(4,741)	43	27
28	Health/Disability Independent Living Services	(15,976)	43	28
29	Pensions Independent Living Services	(968)	43	29
30	Misc Employee Expenses Independent Living	(555)	43	30
31	Medical Supplies	(911)	43	31
32	Education/Seminars - IL	(887)	43	32
33	Copies Care Plan - IL	(981)	43	33
34	Office Equipment Independent Living Services	(207)	43	34
35	Wellness Nurse Consulting	(14,985)	43	35
36	Professional Expenses - IL	(41)	43	36
37	Meals/Refreshments- IL	(1,062)	43	37
38	Office Supplies Independent Living Services	(534)	43	38
39	Postage Independent Living Services	(34)	43	39
40	Xeroxing/Printing Independent Living Services	(126)	43	40
41	FICA Independent Living Services	(10,651)	43	41
42	Non-Care Interest	(435,560)	32	42
43	IL Depreciation	(3,485)	30	43
44	Marketing Depreciation	(1,812)	30	44
45	Wages/Salaries Marketing	(100,830)	43	45
46	ETO Community Relations	(2,633)	43	46
47	FICA Marketing	(7,772)	43	47
48	Health/Disability Marketing	(13,114)	43	48
49	Pension Marketing	(761)	43	49
50	Bank Charges	(20)	21	50
51	Bank Charges	(35)	21	51
52	Undocumented Seminar	(488)	24	52
53	Misc Revenue	(12)	21	53
54	Misc Revenue	(160)	21	54
55	IL Allocation - Dietary	(170,827)	1	55
56	IL Allocation - Housekeeping	(162,312)	3	56
57	IL Allocation - Laundry	(53,925)	4	57
58	IL Allocation - Maintenance	(244,477)	6	58
59	IL Allocation - Activities	(132,513)	11	59
60	IL Allocation - Social Services	(74,171)	12	60
61	IL Allocation - Clerical	(188,696)	21	61
62	IL Allocation - Food	(113,895)	2	62
63	IL Allocation - Heat and Utilities	(118,459)	5	63
64	IL Allocation - Professional Fees	(40,005)	19	64
65	IL Allocation - Dues, Fees and Subscriptions	(15,393)	20	65
66	IL Allocation - Employee Benefits	(157,896)	22	66
67	IL Allocation - Insurance	(92,803)	26	67
68	Capitalized R&M	(23,692)	6	68
69	Meals on Wheels	(48,094)	2	69
70				70
71				71
72				72
73				73
74				74
75				75
76				76
77				77
78				78
79				79
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86				86
87				87
88				88
89				89
90				90
91				91
92				92
93				93
94				94
95				95
96				96
97				97
98				98
99				99
100				100
101	**Total**	(2,894,630)		101

STATE OF ILLINOIS

Summary A

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	A. General Services	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
1	Dietary	(170,827)											(170,827)	1
2	Food Purchase	(161,989)											(161,989)	2
3	Housekeeping	(162,312)											(162,312)	3
4	Laundry	(53,925)											(53,925)	4
5	Heat and Other Utilities	(118,459)											(118,459)	5
6	Maintenance	(268,169)											(268,169)	6
7	Other (specify):*													7
8	**TOTAL General Services**	(935,681)											(935,681)	8
	B. Health Care and Programs													
9	Medical Director													9
10	Nursing and Medical Records													10
10a	Therapy													10a
11	Activities	(133,003)											(133,003)	11
12	Social Services	(74,171)											(74,171)	12
13	Nurse Aide Training													13
14	Program Transportation													14
15	Other (specify):*													15
16	**TOTAL Health Care and Programs**	(207,174)											(207,174)	16
	C. General Administration													
17	Administrative													17
18	Directors Fees													18
19	Professional Services	(40,005)											(40,005)	19
20	Fees, Subscriptions & Promotions	(71,248)											(71,248)	20
21	Clerical & General Office Expenses	(299,816)											(299,816)	21
22	Employee Benefits & Payroll Taxes	(157,096)											(157,096)	22
23	Inservice Training & Education													23
24	Travel and Seminar	(488)											(488)	24
25	Other Admin. Staff Transportation													25
26	Insurance-Prop.Liab.Malpractice	(92,803)											(92,803)	26
27	Other (specify):*													27
28	**TOTAL General Administration**	(661,456)											(661,456)	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	(1,804,311)											(1,804,311)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	PAGE	SUMMARY TOTALS	
	D. Ownership	5 & 5A	6	6A	6B	6C	6D	6E	6F	6G	6H	6I	(to Sch V, col.7)	
30	Depreciation	(288,069)											(288,069)	30
31	Amortization of Pre-Op. & Org.													31
32	Interest	(435,560)											(435,560)	32
33	Real Estate Taxes													33
34	Rent-Facility & Grounds													34
35	Rent-Equipment & Vehicles													35
36	Other (specify):*													36
37	**TOTAL Ownership**	(723,629)											(723,629)	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation													38
39	Ancillary Service Centers													39
40	Barber and Beauty Shops	(1,121)											(1,121)	40
41	Coffee and Gift Shops	(44,311)											(44,311)	41
42	Provider Participation Fee													42
43	Other (specify):*	(458,358)											(458,358)	43
44	**TOTAL Special Cost Centers**	(503,790)											(503,790)	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	(3,031,730)											(3,031,730)	45

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES

A. **Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.**

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. [ ] YES [X] NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
1	V			$			$	$	1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total			$			$	$ *	14

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

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15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

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15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

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15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V		2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference: Adjustments for Related Organization Costs (7 minus 4)	
15	V			$			$	$	15
16	V								16
17	V								17
18	V								18
19	V								19
20	V								20
21	V								21
22	V								22
23	V								23
24	V								24
25	V								25
26	V								26
27	V								27
28	V								28
29	V								29
30	V								30
31	V								31
32	V								32
33	V								33
34	V								34
35	V								35
36	V								36
37	V								37
38	V								38
39	Total			$			$	$ *	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Board of Directors Attached								$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [x]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

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	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

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1						$	$		$	1
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3										3
4										4
5										5
6										6
7										7
8										8
9										9
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17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

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1						$	$		$	1
2										2
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4										4
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6										6
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8										8
9										9
10										10
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18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

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1						$	$		$	1
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4										4
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8										8
9										9
10										10
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18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

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Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

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1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
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18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

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1						$	$		$	1
2										2
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4										4
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8										8
9										9
10										10
11										11
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16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

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Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

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9										9
10										10
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16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

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Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

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2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
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18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☐ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related** YES	Related** NO	Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note Original	Amount of Note Balance	Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
	A. Directly Facility Related											
	Long-Term											
1	1999 A Bond Series		x	Assisted Living Construction		11/01/99	$ 10,000,000	$ 10,000,000	11/15/29	varies	$ 675,628	1
2	1999 B Bond Series		x	Assisted Living Construction		11/01/99	13,300,000	13,300,000	11/15/29	3.63%	195,492	2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$ 23,300,000	$ 23,300,000			$ 871,120	9
	B. Non-Facility Related*											
10	See Supplemental Schedule											10
11												11
12	Non-Care Interest										(435,560)	12
13												13
14	TOTAL Non-Facility Related						$	$			$ (435,560)	14
15	TOTALS (line 9+line14)						$ 23,300,000	$ 23,300,000			$ 435,560	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. $ 0 Line # _____

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

SEE ACCOUNTANTS' COMPILATION REPORT

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
1							$	$			$	1
2												2
3												3
4												4
5												5
6												6
7												7
8												8
9												9
10												10
11												11
12												12
13												13
14												14
15												15
16												16
17												17
18												18
19												19
20												20
21							$	$			$	21

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

Important, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.

1. Real Estate Tax accrual used on 2001 report.	$	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	2
3. Under or (over) accrual (line 2 minus line 1).	$	3
4. Real Estate Tax accrual used for 2002 report. (Detail and explain your calculation of this accrual on the lines below.)	$	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. **(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)**	$	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. **TOTAL REFUND $ For Tax Year.** **(Attach a copy of the real estate tax appeal board's decision.)**	$	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
1997		8
1998		9
1999		10
2000		11
2001		12

N/A

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 2001	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. **Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.**
2. **If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity. This denial must be no more than four years old at the time the cost report is filed.**

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2001 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2001 real estate tax costs, as well as copies of your real estate tax bills for calendar 2001.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2001 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2002 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2001 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME CENTRAL BAPTIST HOME COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0007435

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( ) FAX #: ( )

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2001 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2001.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2001 tax bills which were listed in Section A to this statement. Be sure to use the 2001 tax bill which is normally paid during 2002.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME CENTRAL BAPTIST HOME COUNTY COOK

FACILITY IDPH LICENSE NUMBER 0007435

CONTACT PERSON REGARDING THIS REPORT _____

TELEPHONE ( ) _____ FAX #: ( ) _____

A. **Summary of Real Estate Tax Cost**

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2000.

	(A) Tax Index Number	(B) Property Description	(C) Total Tax	(D) Tax Applicable to Nursing Home
1.			$	$
2.			$	$
3.			$	$
4.			$	$
5.			$	$
6.			$	$
7.			$	$
8.			$	$
9.			$	$
10.			$	$
		TOTALS	$	$

B. **Real Estate Tax Cost Allocations**

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? _____ YES _____ NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. **Tax Bills**

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill which is normally paid during 2001.

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 61,531 B. General Construction Type: Exterior Brick Frame Steel Number of Stories 2

C. Does the Operating Entity? [x] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? [x] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [x] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

Retirement Center

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [ ] YES [X] NO
If so, please complete the following:

1. Total Amount Incurred:
2. Number of Years Over Which it is Being Amortized:
3. Current Period Amortization:
4. Dates Incurred:

Nature of Costs:
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Facility		1986, 2000	$ 78,131	1
2	Facility		2001	206,254	2
3	TOTALS			$ 284,385	3

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4				1984	$ 1,700,300	$	35	$ 48,580	$ 48,580	$ 878,488	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9	Various			1978	741,182		20	18,530	18,530	447,799	9
10	Various			1981	7,776		20	199	199	4,844	10
11	Various			1982	43,242		20	1,153	1,153	33,561	11
12	Various			1983	121,447		20	2,665	2,665	120,114	12
13	Various			1984	21,042		20	656	656	19,903	13
14	Various			1985	6,955		20	-		6,955	14
15	Various			1986	2,614		20	-		2,614	15
16	Various			1988	15,124		20	-		15,124	16
17	Various			1989	896,232		20	29,157	29,157	402,992	17
18	Various			1990	2,017,044		20	67,032	67,032	867,256	18
19	Various			1991	59,956		20	1,763	1,763	33,040	19
20	Various			1992	201,338		20	7,996	7,996	119,211	20
21	Various			1993	134,547		20	7,872	7,872	78,987	21
22	Various			1994	107,010		20	10,130	10,130	92,244	22
23	Various			1995	292,495		20	21,384	21,384	157,282	23
24	Various			1996	17,999		20	1,382	1,382	11,160	24
25	Various			1997	74,429		20	7,474	7,474	42,022	25
26	Various			1998	1,343,476		20	41,704	41,704	110,354	26
27								-		-	27
28								-		-	28
29								-		-	29
30								-		-	30
31								-		-	31
32								-		-	32
33								-		-	33
34								-		-	34
35								-		-	35
36								-		-	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$ -	$	$ -	37
38						-		-	38
39						-		-	39
40						-		-	40
41						-		-	41
42						-		-	42
43						-		-	43
44						-		-	44
45						-		-	45
46						-		-	46
47						-		-	47
48						-		-	48
49						-		-	49
50						-		-	50
51						-		-	51
52						-		-	52
53						-		-	53
54						-		-	54
55						-		-	55
56						-		-	56
57						-		-	57
58						-		-	58
59						-		-	59
60						-		-	60
61						-		-	61
62						-		-	62
63						-		-	63
64						-		-	64
65						-		-	65
66						-		-	66
67						-		-	67
68	Related Party Allocations (Page 12-REP & Page 12A-REP)								68
69	Financial Statement Depreciation			339,528			(339,528)		69
70	TOTAL (lines 4 thru 69)		$ 7,804,208	$ 339,528		$ 267,677	$ (71,851)	$ 3,443,950	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		$ 7,804,208	$ 339,528		$ 267,677	$ (71,851)	$ 3,443,950	1
2	1 ELECTRICAL REPAIRS	1999	834		20	83	83	332	2
3	76 TOILET SAFETY RAI	1999	2,084		20	208	208	798	3
4	1 PATCH PANEL	1999	860		20	86	86	323	4
5	1 ACCELERATOR	1999	1,150		20	115	115	431	5
6	2 HOT WATER TANKS	1999	35,892		20	3,589	3,589	13,160	6
7	1 GAS PIPE	1999	2,900		20	153	153	535	7
8	1 REBUILD DOORS	1999	700		20	70	70	251	8
9	1 NURSE CALL SYSTEM	1999	59,300		20	5,930	5,930	20,261	9
10	1 PBX UPGRADES	1999	54,863		20	15,239	15,239	54,863	10
11	NP DINING ROOM RENOV	1999	339,396		20	16,970	16,970	33,940	11
12	NP DINING ROOM	1999	47,760		20	2,388	2,388	4,776	12
13	1 ROOF CLEANUP	2000	2,900		20	846	846	2,900	13
14	1 DOOR ALARM REPCMNT	2000	673		20	224	224	579	14
15	1 DOOR REPAIR	2000	1,013		20	338	338	761	15
16	1 DOOR REPAIRS	2000	826		20	275	275	734	16
17	IDPH 200 SURVEY	2000	66,657		20	6,666	6,666	13,888	17
18	1 ASPHALT REPAIRS	2000	1,750		20	583	583	1,749	18
19	1 ASPHALT REPAIRS	2000	1,740		20	507	507	1,740	19
20	1 COMPRESSOR	2000	2,564		20	855	855	2,564	20
21	1 COMPRESSOR	2000	19,040		20	4,760	4,760	19,040	21
22	1 TEST IMPROVEMENTS	2000	2,770		20	923	923	2,077	22
23	1 ALARM EQUIPMENT	2000	4,380		20	1,460	1,460	3,772	23
24	1 A/C COMPRESSOR	2000	2,823		20	941	941	2,431	24
25	1 FIRE PANEL CHANGES	2000	640		20	213	213	550	25
26	1 TELEPHONE UPGRADE	2000	69,566		20	6,957	6,957	20,871	26
27	CHILLER COMPRESSOR	2000	1,166		20	58	58	116	27
28	FREEZER COIL	2000	1,499		20	75	75	150	28
29	A/C REPAIRS	2000	2,141		20	107	107	214	29
30	FLOOR REPLACEMENT	2000	731		20	37	37	74	30
31	PAINTING	2000	790		20	40	40	80	31
32	FREEZER REPAIRS	2000	1,061		20	53	53	106	32
33	CIRCUIT REPAIRS	2000	540		20	27	27	54	33
34	TOTAL (lines 1 thru 33)		$ 8,535,217	$ 339,528		$ 338,453	$ (1,075)	$ 3,648,070	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		$ 8,535,217	$ 339,528		$ 338,453	$ (1,075)	$ 3,648,070	1
2	NURSE CALL STATION	2000	540		20	27	27	54	2
3	ELECTRICAL WORK	2000	578		20	29	29	58	3
4	COOLER REPAIRS	2000	650		20	33	33	66	4
5	CIRCUIT BREAKERS	2000	655		20	33	33	66	5
6	PLUMBING WORK	2000	721		20	36	36	72	6
7	FREEZER REPAIRS	2000	790		20	40	40	80	7
8	FLOOR REPAIRS	2001	2,635		20	527	527	922	8
9	A/C COMPRESSORS	2001	2,300		20	460	460	613	9
10	NP SCREENS E008	2001	1,920		20	384	384	512	10
11	NP DISHWASHER	2001	2,000		20	200	200	250	11
12	CABINET FOR DISHWASH	2001	2,200		20	220	220	275	12
13	PLUMBING UTILITY ROO	2001	591		20	59	59	69	13
14	FIRE ALARM ANNUNCIAT	2001	4,502		20	225	225	263	14
15	DOOR ALARM DEVICES E	2001	2,600		20	130	130	152	15
16	DISHROOM DOOR	2001	3,885		20	194	194	226	16
17	IDPH SURVEY 2000	2001	9,328		20	933	933	1,866	17
18	PUMP IN BOILER ROOM	2001	5,976		20	1,195	1,195	1,295	18
19	REPAIRS TO NP	2001	721		20	240	240	280	19
20	RELOCATE HOT WATER P	2001	19,800		20	3,960	3,960	4,620	20
21	POND PUMP PROJECT	2001	15,342		20	1,534	1,534	1,918	21
22	DRAWER LINERS	2002	998		20	83	83	582	22
23	SIGNAGE	2002	12,892		20	645	645	716	23
24	NP ROOFTOP UNIT	2002	2,220		20	37	37	222	24
25	NP ROOFTOP UNIT	2002	7,000		20	117	117	700	25
26	REPAIR DOOR ALARMS	2002	2,600		20	43	43	216	26
27	NURSE CALL SYSTEM	2002	37,952		20	211	211	422	27
28	NP ROOF TOP CHILLER	2002	1,320		20	22	22	176	28
29	CONSTRUCT 2 GAZEBOS	2002	11,286		20	94	94	376	29
30	SMOKE STATIONS	2002	806		20	22	22	67	30
31	6 SMOKE STATIONS	2002	159		20	4	4	13	31
32	BUILDING	2002	8,287,989		20	14,168	14,168	23,022	32
33	NEW PUMPS FOR NP FIRE PUMP ROOM	2002	7,160		20	313	313	398	33
34	TOTAL (lines 1 thru 33)		$ 16,985,333	$ 339,528		$ 364,671	$ 25,143	$ 3,688,637	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		$ 16,985,333	$ 339,528		$ 364,671	$ 25,143	$ 3,688,637	1
2	MINI MALL WALKWAY FENCE	2002	4,175		20	35	35	35	2
3	GAZEBOS AND CONSTRUCTION	2002	5,374		20	45	45	45	3
4	INSULATION	2002	577		20	5	5	5	4
5	Furnish and Install Locks	2002	46,700		20	778	778	778	5
6	Locks and Keys	2002	1,595		20	27	27	27	6
7	DOOR LOCKS	2002	507		20	25	25		7
8	PUMP HEAD	2002	1,190		20	60	60		8
9	PUMP HEAD	2002	870		20	44	44		9
10	DOOR	2002	1,443		20	72	72		10
11	DOOR	2002	1,418		20	71	71		11
12	CORNER GUARDS	2002	933		20	47	47		12
13	HEAT EXCHANGER	2002	3,034		20	152	152		13
14	DOOR	2002	579		20	29	29		14
15	HEAT EXCHANGER	2002	1,617		20	81	81		15
16	HEAT PUMP REPAIRS	2002	671		20	34	34		16
17	COMPRESSOR REPAIRS	2002	1,940		20	97	97		17
18	REPAIR ROOFTOP CHILLER	2002	612		20	31	31		18
19	COOLING TOWER REPAIRS	2002	1,000		20	50	50		19
20	PLUMBING WORK	2002	585		20	29	29		20
21	DOOR LEVERS	2002	937		20	47	47		21
22	DOOR REPAIRS	2002	656		20	33	33		22
23	WALL DOOR STOP CONCAVE	2002	2,635		20	132	132		23
24	DOOR LOCKS	2002	616		20	31	31		24
25	CORNER GUARDS	2002	562		20	28	28		25
26	BOILER REPAIRS	2002	649		20	32	32		26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 17,066,208	$ 339,528		$ 366,684	$ 27,156	$ 3,689,527	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		$ 17,066,208	$ 339,528		$ 366,684	$ 27,156	$ 3,689,527	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 17,066,208	$ 339,528		$ 366,684	$ 27,156	$ 3,689,527	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		$ 17,066,208	$ 339,528		$ 366,684	$ 27,156	$ 3,689,527	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 17,066,208	$ 339,528		$ 366,684	$ 27,156	$ 3,689,527	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		$ 17,066,208	$ 339,528		$ 366,684	$ 27,156	$ 3,689,527	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 17,066,208	$ 339,528		$ 366,684	$ 27,156	$ 3,689,527	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		$ 17,066,208	$ 339,528		$ 366,684	$ 27,156	$ 3,689,527	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 17,066,208	$ 339,528		$ 366,684	$ 27,156	$ 3,689,527	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		$ 17,066,208	$ 339,528		$ 366,684	$ 27,156	$ 3,689,527	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 17,066,208	$ 339,528		$ 366,684	$ 27,156	$ 3,689,527	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		$ 17,066,208	$ 339,528		$ 366,684	$ 27,156	$ 3,689,527	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 17,066,208	$ 339,528		$ 366,684	$ 27,156	$ 3,689,527	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12I, Carried Forward		$ 17,066,208	$ 339,528		$ 366,684	$ 27,156	$ 3,689,527	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 17,066,208	$ 339,528		$ 366,684	$ 27,156	$ 3,689,527	34

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	Improvement Type**										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
23											23
24											24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36											36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A-REP, Line 70 for total

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
37			$	$		$	$	$	37
38									38
39									39
40									40
41									41
42									42
43									43
44									44
45									45
46									46
47									47
48									48
49									49
50									50
51									51
52									52
53									53
54									54
55									55
56									56
57									57
58									58
59									59
60									60
61									61
62									62
63									63
64									64
65									65
66									66
67									67
68									68
69									69
70	TOTAL (lines 4 thru 69)		$	$		$	$	$	70

SEE ACCOUNTANTS' COMPILATION REPORT

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	$ 1,772,469	$ 204,411	$ 142,547	$ (61,864)	10	$ 1,528,790	71
72	Current Year Purchases	1,036,825	2,929	2,931	2	10	30,909	72
73	Fully Depreciated Assets							73
74								74
75	TOTALS	$ 2,809,294	$ 207,340	$ 145,478	$ (61,862)		$ 1,559,699	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76		1 BUS 1987 HANDICAP	1987	$ 35,380	$	$	$	5	$ 35,380	76
77		1 FORD VAN	1995	32,705				5	32,705	77
78		1 PICKUP TRUCK	1997	26,767	4,016	4,015	(1)	5	26,766	78
79		1 1999 MERCURY VAN	1998		3,049	3,049				79
80	TOTALS			$ 94,852	$ 7,065	$ 7,064	$ (1)		$ 94,851	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	$ 20,254,739	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	$ 553,933	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	$ 519,226	83 **
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	$ (34,708)	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	$ 5,344,077	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86	MAZDA MILLENIA - 2001	$	$ 1,387	$	86
87	1 ACQUISITION COST - 1968	11,243,154	245,991		87
88	1 DISHWASHER - 1981	1,817			88
89	KENWOOD RAPID CHARGE - 2001	19,325	1,486		89
90	FURNITURE - 1990	17,753			90
91	TOTALS	$ 11,282,049	$ 248,864	$	91

G. Construction-in-Progress

	Description	Cost	
92		$	92
93			93
94			94
95		$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: N/A
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34. This amount was calculated by dividing the total amount to be amortized by the length of the lease ____.

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

10. Effective dates of current rental agreement:
Beginning ____
Ending ____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2003	$
13.	/2004	$
14.	/2005	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO
16. Rental Amount for movable equipment: $ 2,291 Description: CHANGE MACHINE
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD?
   - [ ] YES
   - [X] NO

   If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - COMMUNITY COLLEGE [ ]
   - HOURS PER AIDE ____

3. CLINICAL PORTION:
   - IN-HOUSE PROGRAM [ ]
   - IN OTHER FACILITY [ ]
   - HOURS PER AIDE ____

B. EXPENSES

ALLOCATION OF COSTS (d)

		1	2	3	4
		Facility			
		Drop-outs	Completed	Contract	Total
1	Community College Tuition	$	$	$	$
2	Books and Supplies				
3	Classroom Wages (a)				
4	Clinical Wages (b)				
5	In-House Trainer Wages (c)				
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests				
9	TOTALS	$	$	$	$
10	SUM OF line 9, col. 1 and 2 (e)	$			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

SEE ACCOUNTANTS' COMPILATION REPORT

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

	1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist	39 - 03	hrs	$		$ 40,812	$		$ 40,812	1
2	Licensed Speech and Language Development Therapist	39 - 03	hrs			4,824			4,824	2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist	39 - 03	hrs			54,384			54,384	4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy	39 - 02	# of prescrpts				27,582		27,582	9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify): See Supplemental						7,911		7,911	13
14	TOTAL			$		$ 100,020	$ 35,493		$ 135,513	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XV. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/02 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 1,401,506	$	1
2	Cash-Patient Deposits	47,948		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,203,099		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	120,982		6
7	Other Prepaid Expenses	66,453		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Supplemental Schedule	26,353		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,866,341	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	28,231,121		12
13	Land	31,625,030		13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)	(6,019,915)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Supplemental Schedule	707,765		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 54,544,001	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 57,410,342	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 315,018	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	47,213		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	306,074		30
31	Accrued Taxes Payable (excluding real estate taxes)	49,466		31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable	98,573		33
34	Deferred Compensation			34
35	Federal and State Income Taxes	18,298		35
	Other Current Liabilities(specify):			
36	See Supplemental Schedule	659,949		36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 1,494,591	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	23,300,000		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	See Supplemental Schedule			43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 23,300,000	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 24,794,591	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 32,615,751	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 57,410,342	$	48

SEE ACCOUNTANTS' COMPILATION REPORT

***(See instructions.)**

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total		
1	**Balance at Beginning of Year, as Previously Reported**	$ 34,105,337	1	
2	Restatements (describe):		2	
3			3	
4			4	
5			5	
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 34,105,337	6	
	A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(1,489,586)	7	
8	Aquisitions of Pooled Companies		8	
9	Proceeds from Sale of Stock		9	
10	Stock Options Exercised		10	
11	Contributions and Grants		11	
12	Expenditures for Specific Purposes		12	
13	Dividends Paid or Other Distributions to Owners	( )	13	
14	Donated Property, Plant, and Equipment		14	
15	Other (describe)		15	
16	Other (describe)		16	
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ (1,489,586)	17	
	B. Transfers (Itemize):			
18			18	
19			19	
20			20	
21			21	
22			22	
23	**TOTAL Transfers (sum of lines 18-22)**	$	23	
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 32,615,751	24	*

*** This must agree with page 17, line 47.**

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 7,917,539	1
2	Discounts and Allowances for all Levels	(156,497)	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 7,761,042	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	213,211	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 213,211	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop	44,172	12
13	Barber and Beauty Care	27,224	13
14	Non-Patient Meals	90,050	14
15	Telephone, Television and Radio	27,897	15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	3,621	19
20	Radiology and X-Ray	1,358	20
21	Other Medical Services	93,354	21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 287,676	23
	D. Non-Operating Revenue		
24	Contributions	37,182	24
25	Interest and Other Investment Income***	1,442,802	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 1,479,984	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	See Supplemental Schedule	(1,618,576)	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ (1,618,576)	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 8,123,337	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	2,483,345	31
32	Health Care	2,469,666	32
33	General Administration	2,058,003	33
	B. Capital Expense		
34	Ownership	1,891,071	34
	C. Ancillary Expense		
35	Special Cost Centers	642,948	35
36	Provider Participation Fee	67,890	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 9,612,923	40
41	**Income before Income Taxes (line 30 minus line 40)****	(1,489,586)	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ (1,489,586)	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation. SEE ACCOUNTANTS' COMPILATION REPORT**

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

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XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,978	2,080	$ 88,557	$ 42.58	1
2	Assistant Director of Nursing	1,991	2,080	51,582	24.80	2
3	Registered Nurses	11,799	14,144	507,418	35.88	3
4	Licensed Practical Nurses	6,179	8,082	287,542	35.58	4
5	Nurse Aides & Orderlies	90,858	98,281	872,844	8.88	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	4,179	4,721	53,436	11.32	8
9	Activity Director	1,975	3,048	34,498	11.32	9
10	Activity Assistants	21,707	23,456	226,271	9.65	10
11	Social Service Workers	6,568	7,032	106,268	15.11	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook					14
15	Cook Helpers/Assistants	52,604	58,247	620,516	10.65	15
16	Dishwashers					16
17	Maintenance Workers	13,273	14,811	187,605	12.67	17
18	Housekeepers	24,714	26,827	228,786	8.53	18
19	Laundry	6,178	6,995	72,038	10.30	19
20	Administrator	2,080	2,171	110,503	50.90	20
21	Assistant Administrator	2,080	2,171	52,222	24.05	21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	18,445	23,216	348,484	15.01	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	1,950	2,080	23,842	11.46	31
32	Other Health Care(specify)					32
33	Other(specify) See Supplemental	20,560	24,979	295,208	11.82	33
34	TOTAL (lines 1 - 33)	289,118	324,421	$ 4,167,620 *	$ 12.85	34

SEE ACCOUNTANTS' COMPILATION REPORT

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		$		35
36	Medical Director	Monthly	26,400	09-03	36
37	Medical Records Consultant	Monthly	1,104	10-03	37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant	8	425	10a-03	40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	Monthly	756	11-03	44
45	Social Service Consultant	Monthly	2,234	12-03	45
46	Other(specify)				46
47	Management Fee - Canteen		27,456	01-03	47
48	Temps - Dietary		100	01-03	48
49	TOTAL (lines 35 - 48)	8	$ 58,475		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses		$		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		$		53

* This total must agree with page 4, column 1, line 45.

** See instructions.

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
CHARLES NEWTON	ADMINISTRATOR	0	$ 110,505
DAWN ZIMMERMAN	ASST. ADMIN.	0	52,222
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 162,727

B. Administrative - Other

Description	Amount
	$
TOTAL (agree to Schedule V, line 17, col. 3)	$
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Tectura Corporation	Payroll Training	$ 1,650
Schiff & Hulbert	Legal	3,173
Advantage Consulting	Billing Services	14,313
Infoware	Computer Support	936
FR&R	Accounting	38,242
FR&R	Consulting	250
Joseph M. Horwitz	Legal	23,981
Michael Best & Friedrich	Legal	5,702
Studio One Design, Inc.	Long Range Planning	1,589
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 89,836

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 82,730
Unemployment Compensation Insurance	
FICA Taxes	283,130
Employee Health Insurance	609,029
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Meals and Refreshments	5,744
Other Employee Benefits	7,280
Semi-Variable Fringe Benefits	33,336
Employee Drug Screening	620
Christmas Expense	2,042
Employee Meals	31,663
IL Allocation	(157,096)
TOTAL (agree to Schedule V, line 22, col.8)	$ 898,478

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	2,759
Health Care Worker Background Check	1,008
(Indicate # of checks performed 84)	
Books and Subscriptions	3,128
Dues, Fees and Licenses	6,422
IL Allocation	(15,393)
Fundraising, Advertising and Promo	55,480
Less: Public Relations Expense	(55,480)
Non-allowable advertising	( )
Yellow page advertising	( )
TOTAL (agree to Sch. V, line 20, col. 8)	$ (2,076)

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
In-State Travel	203
Seminar Expense	3,448
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 3,651

* Attach copy of IMRF notifications

**See instructions.

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007
1			$		$	$	$	$	$	$	$	$	$
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$		$	$	$	$	$	$	$	$	$

SEE ACCOUNTANTS' COMPILATION REPORT

Facility Name & ID Number CENTRAL BAPTIST HOME # 0007435 Report Period Beginning: 01/01/02 Ending: 12/31/02

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **NO**

(2) Are there any dues to nursing home associations included on the cost report? **YES**
If YES, give association name and amount. **LSN $7108**

(3) Did the nursing home make political contributions or payments to a political action organization? **NO** If YES, have these costs been properly adjusted out of the cost report? **N/A**

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **NO** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **YES**
What was the average life used for new equipment added during this period? **10 YRS**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **48,545** Line **10-2**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **YES** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **NO**
If YES, give effective date of lease. **N/A**

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **67,890**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **NO** If YES, attach an explanation of the allocation.

SEE ACCOUNTANTS' COMPILATION REPORT

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **YES**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **YES** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **31,663** Has any meal income been offset against related costs? **YES** Indicate the amount. $ **92,405**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **NO**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **NO** If YES, please indicate the amount of income earned from such a program during this reporting period. $
c. What percent of all travel expense relates to transportation of nurses and patients? **NONE**
d. Have vehicle usage logs been maintained? **YES**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **YES**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **YES**
g. Does the facility transport residents to and from day training? N/A
Indicate the amount of income earned from providing such transportation during this reporting period. $

(17) Has an audit been performed by an independent certified public accounting firm? **YES**
Firm Name: **FROST, RUTTENBERG & ROTHBLATT, P.C.** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **YES** If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? **YES**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **YES**
Attach invoices and a summary of services for all architect and appraisal fees